

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mornham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J73132 (9)

1. Corporation Name
THE MARKLE GROUP, INC.



Principal Place of Business
6237 PRESIDENTIAL CT.
FT. MYERS FL 33919

Mailing Address
6237 PRESIDENTIAL CT.
FT. MYERS FL 33919

3. Date Incorporated or Qualified 05/14/1987 3a. Date of Last Report 04/20/1995

2. Principal Place of Business 21 18141 Old Pelican Bay Dr. 2a. Mailing Address 26 18141 Old Pelican Bay Dr.

4. FEI Number 59-2830505 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State Ft. Myers Beach, Fla 28 City & State Ft. Myers Beach Fla

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33931 25 Country Lca 29 Zip 33931 30 Country Lca

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

MARKLE, DANIEL
6360-4 PRESIDENTIAL CT.
FT. MYERS FL 33919
81 Name Markle Daniel E
82 Street Address (P.O. Box Number is Not Acceptable) 18141 Old Pelican Bay Dr.
83
84 City Ft. Myers Beach FL 85 Zip Code 33931

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature of person or printed name of registered agent and state of appointment (NOTE: Registered Agent Signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE Pres.	Markle Daniel E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKLE, DANIEL E.	1.2 NAME	18141 Old Pelican Bay Dr.
STREET ADDRESS	6360-4 PRESIDENTIAL CT.	1.3 STREET ADDRESS	Ft. Myers Beach Fla. 33931
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel E Markle 4/10/96 941-466-7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)